

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 13 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 631.68	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.38067
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		842.25	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 13 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 7880.74	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.38068
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		10507.65	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY
01 / 20 / 2016

Signature